

LEXINGTON TOWNSHIP
PARCEL DIVISION APPLICATION

7227 HURON AVE.
SUITE 200
LEXINGTON MI 48450
OFFICE (810) 359-5500 FAX (810) 359-5481

YOU MUST ANSWER ALL QUESTIONS AND INCLUDE ALL ATTACHMENTS, OR THIS WILL BE RETURNED TO YOU.

APPROVAL OF A DIVISION OF LAND IS REQUIRED BEFORE IT IS SOLD. THIS APPROVAL IS NOT A DETERMINATION THAT THE RESULTING PARCELS COMPLY WITH OTHER ORDINANCES AND REGULATIONS.

1. LOCATION OF PARENT PROPERTY TO BE SPLIT:

ADDRESS: _____

PROPERTY CODE: _____

LEGAL DESCRIPTION: _____

2. PROPERTY OWNER INFORMATION:

NAME: _____ ADDRESS: _____

PHONE: _____

3. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING:

A. NUMBER OF NEW PARCELS _____

B. INTENDED USE (RESIDENTIAL, COMMERCIAL, ETC.) _____

C. EACH RESIDENTIAL PARCEL MUST HAVE 100' FRONTAGE, AG-RES 165', AG 330'

D. EACH PARCEL HAS A WIDTH OF _____

E. EACH PARCEL HAS A DEPTH OF _____

F. THE DIVISION OF EACH PARCEL PROVIDES ACCESS TO THE FOLLOWING: CHECK ONE:

_____ EACH NEW DIVISION HAS FRONTAGE EXISTING OF PUBLIC ROAD,

ROAD NAME: _____

_____ EASEMENT

___ DESCRIPTION INCLUDED

___ WIDTH S.3.25.0.06, B/33"

___ FRONTAGE = DISTRICT MINIMUM

_____ A NEW PUBLIC ROAD:

ROAD NAME: _____

G. DESCRIPTIONS AND MAPS:

1) AN ADEQUATE AND ACCURATE LEGAL DESCRIPTION OF EACH NEW PARCEL AND A DESCRIPTION OF *ANY REMAINING PARENT PARCEL*.

2) A TENTATIVE PARCEL MAP MUST BE DRAWN TO SCALE SHOWING:

___ AREA, ___ PARCEL LINES, ___ PUBLIC UTILITIES EASEMENTS,

___ ACCESSIBILITY ___ NUMBER OF PARCELS, ___ PARENT PARCEL

4. FUTURE DIVISIONS BEING TRANSFERRED FROM PARENT PARCEL TO ANOTHER PARCEL.
INDICATE NUMBER TRANSFERRED _____. IF ASSESSOR IS NOT INFORMED BY PROPERTY, TRANSFER AFFIDAVIT OR REGISTERED DEED OF THE FUTURE DIVISIONS TRANSFERRED THEY WILL REMAIN WITH THE PARENT PARCEL.
5. DEVELOPMENT SITE LIMITS (CHECK EACH WHICH REPRESENT A CONDITION WHICH EXISTS ON THE PARENT PARCEL)
- _____ WATERFRONT PROPERTY (RIVER, LAKE, POND, OTHER, _____)
- _____ INCLUDES WETLANDS
- _____ IS WITHIN A FLOOD PLAIN
- _____ INCLUDES A BEACH
- _____ IS ON MUCK SOILD OR SOILS KNOWN TO HAVE SEVERE LIMITATIONS FOR ON SITE
SEWAGE
DRAIN
6. ATTACHMENTS: ALL THE FOLLOWING ATTACHMENTS MUST BE INCLUDED BEFORE APPLICATION WILL BE REVIEWED.
- A. A SCALE DRAWING OF NOT LESS THAN 1" = 20 FEET FOR PARENT PARCELS OR PARENT TRACTS OF LESS THAN THREE ACRES, AND OF AT LEAST 1" = 100 FEET FOR PARENT PARCELS OR PARENT TRACTS OF THREE ACRES OR MORE, OR A LEGAL SURVEY. EACH DRAWING MUST SHOW THE FOLLOWING:
- _____ 1) CURRENT BOUNDARIES (AS OF MARCH 31, 1997)
- _____ 2) ALL PREVIOUS DIVISIONS MADE AFTER MARCH 31, 1997 (INDICATE WHEN DONE OR NONE.
- _____ 3) THE PROPOSED DIVISION(S)
- _____ 4) DIMENSIONS OF PROPOSED DIVISIONS
- _____ 5) EXISTING AND PROPOSED ROAD/EASEMENT RIGHT-OF-WAY(S)
- _____ 6) EASEMENTS FOR PUBLIC UTILITIES FROM EACH PARCEL THAT IS A DEVELOPMENT SITE TO EXISTING PUBLIC UTILITY FACILITIES
- _____ 7) EXISTING IMPROVEMENTS (BUILDINGS, WELLS, SEPTIC, ETC.)
- _____ 8) ANY FEATURES CHECKED IN QUESTION NUMBER 5
- B. INDICATION OF APPROVAL OR PERMIT FROM:
- _____ 1) COUNTY ROAD COMMISSION THAT A PROPOSED EASEMENT PROVIDES VEHICULAR ACCESS TO AN EXISTING ROAD OR STREET MEETS APPLICABLE LOCATION STANDARDS.
- _____ 2) ELECTRIC UTILITIES RIGHT OF WAY OFFICE
- _____ 3) TELECOMMUNICATIONS SERVICE RIGHT OF WAY OFFICE
- _____ 4) GAS UTILITIES RIGHT OF WAY OFFICE
- C. A COPY OF RESERVED RIGHTS IN THE PARENT PARCEL, IF PURCHASED AFTER MARCH 31, 1997.
- D. A FEE OF _____ FOR INITIAL SPLIT, _____ FOR EACH ADDITIONAL SPLIT DONE AT THE SAME TIME.

7. AFFIDAVIT AND PERMISSION FOR MUNICIPAL, COUNTY AND STATE OFFICIAL TO ENTER THE PROPERTY FOR INSPETIONS.

I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL WILL BE VOID. FURTHER, I AGREE TO COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION. FURTHER, I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY WHERE THIS PARCEL DIVISION IS PROPOSED FOR PURPOSES OF INSPECTION. FINALLY, I UNDERSTAND THIS IS ONLY A PARCEL DIVISION, WHICH CONVEYS ONLY CERTAIN RIGHTS UNDER THE APPLICABLE LOCAL LAND DIVISION ORDINANCE AND STATE LAND DIVISION ACT (FORMALLY THE SUBDIVISION CONTROL ACT PA 288 OF 1967, AS AMENDED (PARTICULARLY BY PA 591 OF 1966 AND PA 87 OF 1997, MCL 560.101 ET. SEQ.) AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTIONS OR OTHER PROPERTY RIGHTS.

FINALLY, EVEN IF THIS DIVISION IS APPROVED, I UNDERSTAND LOCAL ORDINANCES AND STATE ACTS CHANGE FROM TIME TO TIME, AND IF CHANGED THE DIVISIONS MADE HERE MUST COMPLY WITH THE NEW REQUIREMENTS (APPLY FOR DIVISION AGAIN) UNLESS DEEDS REPRESENTING THE APPROVED DIVISIONS ARE RECORDED WITH THE REGISTER OF DEEDS WITHIN 180 DAYS, OR THE DIVISION IS BUILT UPON THE CHANGES TO THE LAWS MADE.

PROPERTY OWNER/AGENT SIGNATURE _____ DATE _____
(IF SIGNED BY AGENT/WE MUST HAVE A LETTER SIGNED BY PROPERTY OWNER GIVING THE AGENT PERMISSION)

AGENT/CONTACT PERSON PHONE: _____

FOR OFFICE USE ONLY:

APPLICATION RECEIVED:

TOTAL FEES \$ _____ CHECK NUMBER _____

SIGNATURE _____ DATE RECEIVED _____

APPROVED/DENIED (please circle one)

ASSESSOR SIGNATURE _____ DATE: _____

APPROVED/DENIED (please circle one)

ZONING ADMINISTRATOR SIGNATURE _____ DATE _____

APPROVED/DENIED (please circle one)

TOWNSHIP BOARD APPROVAL _____ DATE _____

IF DENIED – GIVE REASON(S)

UTILITIES RIGHT OF WAY CONTACT INFORMATION

THE DETROIT EDISON COMPANY
MACOMB CENTER
JOYCE DUDEK, ROW FACILITATOR
15600 19 MILE ROAD
CLINTON TWP, MI 48038
PHONE: (586)-412-4760
FAX: (586) 412-3037

SEMCO ENERGY COMPANY
PATRICK HURD
1411 THIRD STREET
PORT HURON, MI 48060
PHONE: (810) 887-3014

THUMB ELECTRIC COOPERATIVE
KENNETH O'BERSKI
2231 MAIN STREET
UBLY, MI 48475
PHONE: (989) 658-8571
PHONE: 800-327-0166

AT&T
SUSAN SAMPIER
54 N. MILLS STREET
PO BOX 30
PONTIAC, MI 48342
PHONE: (248) 456-0361
EMAIL: SS4792@ATT.COM



Trudy M. Bowers
Sanilac County Treasurer
60 W. Sanilac, Room 204
Sandusky, MI 48471
Phone (810) 648-2127 Fax (810) 648-5479
tnicol@sanilaccounty.net

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number: _____

Attach a description of the parcel to be divided

CERTIFICATION DENIED

The Sanilac County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

CERTIFICATION APPROVED

Pursuant to House Bill 4055, the Sanilac County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the City, Village or Township Treasurer.

Certified by: _____ Date Certified: _____

Submit this
FORM to SCT:

(address on form)

Prior to submitting Split
Application to the Township

Enclose:

- * **\$5.00 Fee** payable to:
Sanilac County Treasurer
- * Copy of **legal description**
of parcel (as currently exists)